



SEEC FORM 3

Political Committee (PAC) Registration STATE ELECTIONS ENFORCEMENT COMMISSION Revised September 2012

REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

| | | | | | |
|---|-------------|--|--|-------------------|-------------------|
| 1. NAME OF COMMITTEE | | | | 2. ACRONYM | |
| IUOE Local 478 Political Action Committee - State/Local | | | | | |
| 3. COMMITTEE ADDRESS | | | 4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE | | |
| Address 1965 Dixwell Ave | | | Email myoung@local478.org | | |
| City Hamden | State CT | Zip Code 06514 | Website | | |
| 6. CHAIRPERSON NAME | | | | | |
| First Name Craig | MI | Last Name Metz | | Suffix | |
| 7. CHAIRPERSON RESIDENCE ADDRESS | | | 8. CHAIRPERSON MAILING ADDRESS (If different) | | |
| Street Address 28 Hilltop Dr | | | Address 1965 Dixwell Ave | | |
| City Trumbull | State CT | Zip Code 06611 | City Hamden | State CT | Zip Code 06514 |
| 9. CHAIRPERSON TELEPHONE | | 10. CHAIRPERSON E-MAIL ADDRESS | | | |
| (Include Area Code) 203 376 6427 | | cmetz@local478.org | | | |
| 11. TREASURER NAME | | | | | |
| First Name Craig | MI | Last Name Metz | | Suffix | |
| 12. TREASURER RESIDENCE ADDRESS | | | 13. TREASURER MAILING ADDRESS (If different) | | |
| Street Address 28 Hilltop Dr | | | Address 1965 Dixwell Ave | | |
| City Trumbull | State CT | Zip Code 06611 | City Hamden | State CT | Zip Code 06514 |
| 14. TREASURER TELEPHONE | | 15. TREASURER E-MAIL ADDRESS | | | |
| (Include Area Code) 203 288 9261 | | cmetz@local478.org | | | |
| 16. DEPUTY TREASURER NAME | | | | | |
| First Name | MI | Last Name | | Suffix | |
| 17. DEPUTY TREASURER RESIDENCE ADDRESS | | | 18. DEPUTY TREASURER MAILING ADDRESS (If different) | | |
| Street Address | | | Address | | |
| City | State | Zip Code | City | State | Zip Code |
| 19. DEPUTY TREASURER TELEPHONE | | 20. DEPUTY TREASURER E-MAIL ADDRESS | | | |
| (Include Area Code) | | | | | |
| 21. DEPOSITORY INSTITUTION NAME | | | | | |
| Webster Bank | | | | | |
| 22. DEPOSITORY INSTITUTION ADDRESS | | | | | |
| Address 2855 Dixwell Avenue, Hamden, CT 06518 | | | | | |

| | | | |
|----------------------------------|------|---|----------|
| NAME OF COMMITTEE | | REGISTRATION TYPE | |
| | | <input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes | |
| 23. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23A. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23B. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23C. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23D. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23E. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23F. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |
| 23G. OFFICER NAME | | TITLE OR POSITION | |
| | | | |
| OFFICER RESIDENCE ADDRESS | | | |
| Address | City | State | Zip Code |

| NAME OF COMMITTEE | REGISTRATION TYPE |
|-------------------|---|
| | <input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes |

24. COMMITTEE SUBTYPE (Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)

| | |
|---|--|
| <p>A. <input type="radio"/> Two or More Individuals <input checked="" type="radio"/> Labor Union</p> <p> <input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization</p> <p> <input type="radio"/> Business Entity <input type="radio"/> Legislative Leadership</p> | <p>B. <input type="checkbox"/> Legislative Caucus (Select subtype)</p> <p> <input type="radio"/> Senate Democrats <input type="radio"/> House Democrats</p> <p> <input type="radio"/> Senate Republicans <input type="radio"/> House Republicans</p> |
|---|--|

25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)

| | |
|--|---|
| <p>A. <input checked="" type="radio"/> Ongoing (Select subtype)</p> <p> <input type="radio"/> State Elections Only</p> <p> <input type="radio"/> Municipal Elections Only</p> <p> <input checked="" type="radio"/> Both</p> | <p>B. <input type="radio"/> Durational (Select subtype)</p> <p> <input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____</p> <p> <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____</p> <p> <input type="radio"/> Single Candidate <input type="radio"/> Event(s) (Names of Participating Committees,</p> <p> <input type="radio"/> Political Slate Committee _____</p> |
|--|---|

26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY

27. GROUP'S POSITION ON THE REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT

| | |
|--|--|
| <p><i>Brief description of subject matter of Referendum Question or Constitutional Amendment</i></p> | <input type="radio"/> Support <input type="radio"/> Oppose |
|--|--|

28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY

See Addendum

| | | | |
|---|----------------------|------------------|-------------------|
| Position | Name of Candidate(s) | Office(s) Sought | Party Designation |
| <input type="radio"/> Support <input type="radio"/> Oppose | | | |

29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY

| | | | | |
|----------------|------------------|--------|-------|----------|
| Entity Name | Address | City | State | Zip Code |
| IUOE Local 478 | 1965 Dixwell Ave | Hamden | CT | 06514 |

30. HOW WILL FUNDS BE RECEIVED?

31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY

| | |
|--|--|
| <p><i>Committees formed by a Labor Union or Other Organization ONLY</i></p> <p><input type="radio"/> Treasury <input checked="" type="radio"/> Voluntary Member Contributions</p> | <p><i>(i.e. AFL-CIO, AFSCME, CBLA, etc.)</i> <input type="radio"/> No <input checked="" type="radio"/> Yes (Name & Address) <u>AFL-CIO</u></p> |
|--|--|

32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST?

See Addendum

No Yes If Yes, Name of Registered Lobbyist _____

Client Lobbyist
 Communicator Lobbyist
 Both

33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?

No Yes If Yes, Name of Official Member _____

See Addendum

34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?

35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?

No Yes If Yes, District Number _____

No Yes If Yes, District Number _____

36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?

No Yes If Yes, Name of Agency _____

37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?

No Yes If Yes, see instructions for additional filing requirements.

| NAME OF COMMITTEE | REGISTRATION TYPE |
|-------------------|---|
| | <input type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes |

41. CERTIFICATION *continued*

Deputy Treasurer

Initial Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Amended Committee Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Biennial Committee Re-Registration: I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

42. CERTIFICATION FOR LEGISLATIVE LEADERSHIP COMMITTEES ONLY

Legislative Leader

I hereby certify and state, under penalties of false statement, that this political committee has been designated by me, a General Assembly Leader, as a Legislative Leadership Committee, in accordance with Section 9-605(e)(3) of the Connecticut General Statutes.

LEGISLATIVE LEADER SIGNATURE

DATE (mm/dd/yyyy)

ADDITIONAL PAGES FOR SEEC FORM 3

If additional pages are needed to complete all information required in Sections 23, 27, 31, 32, 37 and 39 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 3.